DOCUMENT RESUME

ED 370 036 CG 025 409

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TITLE Receptivity of Community Residents to Tenants of Community Mental Health Residences as Neighbours.
PUB DATE Aug 93
NOTE 34p.; Paper presented at the Convention of the American Psychological Association (101st, Toronto, Ontario, Canada, August 20-24, 1993).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Research/Technical (143)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Adaptive Behavior (of Disabled); *Community Attitudes; Community Programs; *Deinstitutionalization (of Disabled); Developmental Disabilities; Foreign Countries; *Group Homes; *Mental Retardation; Neighborhoods
IDENTIFIERS Manitoba (Winnipeg); *Neighbors

ABSTRACT

Using a theoretical model developed from Ajzen's and Fishbein's (1980) theory of reasoned action, researchers investigated the neighboring intentions of community residents toward mentally disabled individuals. A random sample of 345 residents in Winnipeg, Canada, responded to a survey by mail. Questionnaires were randomly assigned one of eight vignettes that systematically varied the characteristics of place of residence (community mental health facility or normal residence), level of disability (mild or severe), and sex of neighbors. Respondents were asked about their personal beliefs, normative beliefs, attitude, subjective norm, and behavioral intentions regarding living in proximity to the neighbor described in the vignette. For neighboring characteristics, the level of disability significantly influenced residents' neighborly interaction with mentally disabled individuals. The correlation between the type of residence and positive neighboring, provides support to those advocating the replacement of formal residential programs for mentally disabled individuals with supported, regular housing. Results show that living in a designated community health facility impedes the disabled individual's full acceptance as a neighbor. This research model identified factors that facilitate neighborly contact with mentally disabled individuals from the perspective of community residents. (Contains 43 references.) (RJM)

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Receptivity of Community Residents to Tenants of Community Mental Health Residences as Neighbours

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Poster presented at the 101st Annual Convention of the American Psychological Association, Toronto, August 20-24, 1993.

This research was supported by a grant from the Manitoba Mental Health Research Foundation. The first author gratefully acknowledges the financial support of the Canada Mortgage Housing Corporation Scholarship Program for Graduate Studies during the conducting of the research.

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ABSTRACT

The purpose of the present study was to investigate the neighbouring intentions of community residents toward mentally disabled individuals, using a theoretical model developed from Ajzen and Fishbein's (1980) theory of reasoned action. A mail survey was conducted on a systematic random sample of 590 households in Winnipeg, excluding nursing homes, temporary residences, apartment blocks, and households serving exclusively as businesses. The final sample consisted of 345 community residents (58.5% return rate) and was judged representative of the Winnipeg population living in eligible households. Questionnaires were randomly assigned one of eight vignettes that systematically varied the characteristics of place of residence (community mental health facility or normal residence), level of disability (mild or severe), and sex of neighbours. Respondents were asked about their personal beliefs, normative beliefs, attitude, subjective norm, and behavioural intentions regarding neighbouring with the neighbour described in the vignette. Overall, path analysis results support the proposed model. Of neighbour characteristics, level of disability predominates in determining community residents' neighbourly interaction with mentally disabled individuals. Living in a community mental health facility serves as a barrier to achieving full acceptance as a neighbour. Implications of findings for community mental health planning are discussed.

RECEPTIVITY OF COMMUNITY RESIDENTS TO TENANTS OF COMMUNITY MENTAL HEALTH RESIDENCES AS NEIGHBOURS

A major objective of the deinstitutionalization movement in mental health services in North America has been facilitating the reintegration of individuals with persistent mental health problems into the community (Mechanic & Rochefort, 1990). Locating this population in the community was expected to lead to a number of benefits including the development of natural sources of social support to replace institutional supports. A formal mechanism for promoting reintegration of these deinstitutionalized individuals into the community has involved housing programs (Hall, Nelson, & Fowler, 1987). A range of program models have been developed including board and care homes, foster family living arrangements, transitional supervised settings, congregate independent living situation, and satellite apartments (Cutler, 1986). These programs were intended to replace institutions as a source of shelter and in many cases services but with the added dimension of providing a more normalized experience by virtue of their location in residential neighbourhoods.

In general, research assessing the community integration of mentally disabled individuals in these housing programs has indicated that they achieve a level of integration exceeding the isolation of institutional care but still fall well short of being integrated at the level of community residents (Ambtman, 1990; Kruzich, 1985; Segal & Aviram, 1978). In particular, a majority of individuals in these housing programs have demonstrated some ability to access basic and personal resources in the community (e.g., shopping, eating out, receiving medical treatment), but have failed to use community facilities or develop a social network in the community (Ambtman, 1990; Segal & Aviram, 1978). A reasonable conclusion of findings in this area is that the simple location of deinstitutionalized individuals in residential neighbourhoods is insufficient on its own to achieve social integration for this population.

It is noteworthy that one of the most important factors found to

facilitate community participation on the part of tenants living in community mental health facilities was their receiving a positive response from neighbours (e.g., being invited into neighbours' homes, interacting with neighbours on the street, befriending a neighbour) (Kruzich, 1985; Segal & Aviram, 1978). Unfortunately, the level of social contact between tenants of community mental health facilities and their neighbours has been shown to be minimal and largely superficial (Sherman, Frenkel, & Newman, 1986; Sherman, Newman, & Frenkel, 1984).

A striking indication of the minimal contact between tenants in facilities and their neighbours is the lack of awareness of the presence of facilities in neighbourhoods on the part of its residents. Surveys have found that only a small minority of residents have knowledge of a facility even when it is on their own block (Dear & Taylor, 1982; Rabkin, Muhlin, & Cohen, 1984; Tefft, Segall, & Trute, 1988). An optimistic interpretation of these survey findings is that community mental health facilities do not represent a burden to its neighbours or diminish the quality of life in the neighbourhood in which it is located. A more pessimistic interpretation is that natural linkages between community mental health facility tenants and their neighbours do not appear to be developing in the manner intended. It has been suggested that deinstitutionalized individuals despite living in the community continue to be isolated socially in a manner similar to mental institutions (Talbot, 1980).

It remains unclear as to what level of social contact between tenants of community mental health facilities and their neighbours can be attained. In the wake of heated battles over the placement of facilities in some neighbourhoods, a prevailing view is that community residents as a whole are opposed to having mentally disabled individuals living close to them. In response to concerns over acceptability by local residents, operators of facilities have often resorted to a "low profile" approach in locating in neighbourhoods (Hogan 1986; Wenocur & Belcher, 1990). This approach has likely

contributed to the low level of neighbourhood awareness of facilities and minimal contact between tenants of facilities and their neighbours.

In contrast to this prevailing view, research has suggested that a majority of community residents express tolerance and supportive intentions toward having post-psychiatric individuals as neighbours. Early studies on public attitudes toward the mentally ill found consistently over two-thirds of respondents reporting a willingness to have ex-psychiatric patients as neighbours (see Brockman, D'Arcy, & Edmonds, 1979, for review). More recent research focusing on public reactions to community mental health facilities suggested that it is only a vocal minority that is behind the well-publicized opposition to community mental health facilities (Dear & Taylor, 1982; Rabkin, Muhlin, & Cohen, 1984; Solomon & Davis, 1984; Tefft, Segall, & Trute, 1988). Surveys have found approximately two-thirds of community respondents expressing favourable or neutral attitudes toward having a facility located on their block (Dear & Taylor, 1982; Tefft et al., 1988). Moreover, a large proportion of those expressing positive attitudes indicated they would engage in actions supportive of locating the facility in their neighbourhoods (Tefft et al., 1988).

Although these studies have contributed significantly to our understanding of the public attitudes toward community care of mentally disabled individuals, they do not examine the response of community residents to these individuals once they become neighbours. Based on research to date, it would seem that community residents who are neighbours have remained up until now a largely untapped source of social support for mentally disabled individuals. As community mental health programs become increasingly effective in overcoming whatever community opposition to their location that does exist (Hogan, 1990), a next logical step in this line of research would involve identifying factors facilitating social interaction between the public and mentally disabled individuals living in the community.

The purpose of the present study was to investigate the

"neighbouring" intentions of community residents toward mentally disabled individuals residing in the community. Neighbouring was defined in the study as social activities that provide emotional, instrumental, or informational support between individuals living in close proximity to each other (Unger & Wandersman, 1985). The specific aim of the study was to develop a theoretical model for predicting and understanding neighbouring intentions of community residents toward this population.

Theoretical Model for the Study

A theoretical approach that has been widely tested and found useful in understanding underlying factors that produce behaviour is Ajzen and Fishbein's (1980) theory of reasoned action. The present study tested an explanatory model of neighbouring intentions toward mentally disabled individuals in the community that is derived from the theory of reasoned action. A basic assumption of the theory of reasoned action is that individuals engage in a systematic reasoning process prior to acting. The theory attempts to explain this process taking into account underlying cognitive, emotional, and conative factors that direct behaviour.

Figure 1 is a diagrammatic presentation of the theoretical model examined in the study. Beginning at the extreme left of the model as presented in Figure 1 and moving forward, the model predicted that specific neighbour characteristics related to mentally disabled individuals would have an effect on the formation of beliefs about neighbouring and normative beliefs. The choice of neighbour characteristics was based on those personal attributes of mentally disabled individuals shown in the research literature to have an impact on community residents' response to having neighbourly contact with them in the community. Neighbour characteristics included place of residence, severity of disability, and sex.

Place of residence was varied by placing neighbours in either a community mental health residence or a normal residence. Research has shown that identifying an individual as receiving mental health

treatment has an effect on public attitudes toward him or her (Rabkin, 1980). The insertion of this variable in the model allows for an investigation of the effect of tenancy in a community mental health facility on community resident's response as neighbours. It was hypothesized that community residents would express more negative beliefs, less positive beliefs, and weaker normative beliefs about neighbouring with tenants of community mental health facilities than with individuals living in normal residences.

Severity of disability was also varied as a neighbour characteristic. Research has also indicated that behavioural characteristics have an impact on public attitudes toward mentally disabled individuals (Farina, Murray, & Groh, 1978; Lehman, Joy, Kreisman, & Simmens, 1976). For the present study, appearance, social behaviour, and occupational functioning served as the descriptive criteria in defining neighbours as having either a severe or mild disability. It was hypothesized that community residents would hold more positive beliefs, less negative beliefs, and stronger normative beliefs about neighbouring with mildly disabled neighbours than with severely disabled neighbours.

Based on research findings showing the sex of mentally disabled individuals to influence public attitudes toward them (Farina, 1981), sex is also included as a neighbour characteristic. It was hypothesized that community residents would have less positive beliefs, more negative beliefs, and stronger normative beliefs about neighbouring with female neighbours than with male neighbours.

Beliefs about neighbouring refer to expectations about positive and negative consequences of neighbouring. Positive consequences were defined in the study as the receipt of various forms of support as a result of neighbouring in general (Unger & Wandersman, 1985). In contrast, negative consequences were identified as those commonly perceived as occurring as a result of interacting with mentally disabled individuals in the community (i.e., physical danger, social embarrassment, loss of reputation with others) (Albrecht, Walker, &

Levy, 1982). Normative beliefs in the model involved the product of an individual's perception of the extent that their neighbours think they should engage in neighbouring and their motivation to comply with neighbours (i.e., how much they perceive neighbours to influence their behaviour).

As shown in Figure 1, the model predicted that beliefs about neighbouring were determinants of attitude toward neighbouring and normative beliefs about neighbouring contributed to the development of a subjective norm about neighbouring. Attitude toward neighbouring refer to an overall evaluation of the desirability of performing neighbouring behaviours. Subjective norm is defined as the degree that a person perceives his or her significant others favour him or her to engage in neighbouring.

Finally, the model hypothesized that attitude toward neighbouring and subjective norm about neighbouring combined to form neighbouring intentions. Neighbouring intentions refer to a person's assessment of their likelihood of engaging in neighbouring in the future. The theory of reasoned action posits that behaviour is preceded directly by an intention to perform the behaviour. Given the relatively small number of housing programs for the post-psychiatric population, and the lack of awareness of the general population concerning their existence, contact between community residents and mentally disabled individuals in community care is minimal at this time (Ambtman, 1990; Sherman, Frenkel, & Newman, 1986). Therefore, a test of actual neighbouring behaviour in a sample representative of an urban population is not readily feasible and the model tested in the study ends at neighbouring intentions.

METHOD

Study Sample

The population universe of the study involved all households excluding nursing homes, temporary shelters, apartment units, vacant homes, and households serving exclusively as businesses located in Winnipeg, Manitoba. These types of households were excluded from the

sampling since residents of these dwellings were not likely to have tenants of community mental health facilities as immediate neighbours. A systematic random sample of 600 households from the population universe was generated for the study by computer from the 1987 tax assessment file of the City of Winnipeg Environmental Planning Department. This listing is an accurate record of all households in Winnipeg, Canada to within 0.5 percent. Of the original 600 sampled households, a small number (n=14) were judged as not meeting the inclusion criteria for households. Four households were added to the sample in the early stages of the survey as replacements for excluded households. These replacement households were randomly selected from a small replacement list also drawn by computer from the same listing as the original sample.

For each sampled household, one eligible resident was asked to serve as a respondent in the study. Eligibility criteria for participation in the study included being 18 years of age or older, living on a regular basis in the sampled household, and being of the sex randomly predesignated for each household by the investigator. Households lacking an adult of designated sex were invited to have any other adult living serve as a respondent.

Of 590 sampled households meeting the inclusion criteria, 345 questionnaires were returned from eligible respondents, representing a response rate of 58.5%. This final sample was found to be comparable on major social-demographic characteristics with a subsample similar in household types drawn from the 1989 Winnipeg Area Study. The Winnipeg Area Study is an annual, in-home survey conducted on a systematic random sample of households in the City of Winnipeg and shown to be consistently representative of the Winnipeg population when compared to Federal Census data (Currie, 1989). Based on the comparability of the study sample with this survey's 1989 sample, it can be reasonably concluded that the study sample is representative of Winnipeg residents living in households other than apartments, nursing homes, or temporary settings.

Procedure

Data was collected using mail survey procedures specified by the Total Design Method (Dillman, 1978). These included procedures for both questionnaire construction and survey implementation. Up to four contacts by mail were made to prospective respondents inviting them to participate in the study. The initial mailing to all participants was conducted on the same day. A postcard follow-up was sent to all participants one week after the initial mailing. A second questionnaire was mailed to all those who had not responded three weeks after the first mailing. Finally, a further replacement questionnaire was delivered by courier to those households that still had not responded seven weeks after the first mailing.

Measures

Neighbour Characteristics. Questionnaires sent to respondents were randomly assigned one of eight vignettes that systematically varied attributes of neighbours with place of residence, severity of mental disability, and sex (see Appendix A). The style and content of the vignettes were modelled from vignettes developed by Star (1955) and Link, Cullen, Frank, & Wozniak (1987). Information contained in the vignettes were intended to reflect what a community resident would know about a neighbour based on firsthand observation and discussion with other residents in a neighbourhood.

For place of residence, hypothetical neighbours described in the vignette were described as either living in a community mental health residence or in a regular household. Differentiation of severity of disability in the vignettes was accomplished by varying the description of appearance, social behaviour, and occupational functioning of the neighbour (Strayer & Keith, 1979). Individuals with severe disability were presented as displaying impoverished self-care, interpersonal anxiety, social isolation, and unemployed. In contrast, individuals with mild disability exhibited appropriate self-care, showed some minor discomfort in social situations, and were employed. The sex of the hypothetical neighbour was varied by giving

the hypothetical neighbour in the vignette a male or female first name (i.e., John or Jane) and by identifying them as a man or woman. The accuracy of vignette descriptions of mentally disabled individuals living in the community was verified by a small number of staff members of a community mental health housing program.

Positive beliefs about neighbouring. This measure was made up of three items asking respondents about their perceived positive consequences of associating with the hypothetical neighbour described in the vignette. Based on the type of social support gained from neighbouring (Unger & Wandersman, 1985), positive consequences of neighbouring were defined as the receipt of emotional support, instrumental aid, and information. One item operationalized beliefs about the receipt of each of these types of support. For example, the item measuring the receipt of emotional support involved: "My associating with John (or Jane) as a neighbour would provide me with friendly contact." Potential responses involved a 7-point scale and ranged from extremely likely (1) to extremely unlikely (7) for each item. Cumulative scores on the measure ranged from 3 to 21. Cronbach's alpha for this measure was .63.

Negative beliefs about neighbouring. A three-item measure asked respondents about their perceived negative consequences of neighbouring with the hypothetical neighbour described in the vignette. Potential negative consequences include those traditionally associated with having social contact with mentally disabled individuals by the public (Albrecht et al., 1982). Specifically, one item was developed to ask respondents how much they perceived the likelihood each of the consequences of being in physical danger, losing credibility with neighbours, and being faced with a confusing social situation. For example, the item measuring the belief about being in danger involved: "My associating with John (Jane) as a neighbour would place me in a physically dangerous situation. I wouldn't know what he was going to do from one minute to the next." Possible responses were presented on a 7-point scale ranging from

extremely likely (1) to extremely unlikely (7). Total score on the measure ranged from 3 to 21. This measure has a Cronbach's alpha of .60.

Normative beliefs about neighbouring. These beliefs were assessed by the one-item measure: "Most of my neighbours would think that I should associate with John (Jane) as a neighbour." Response alternatives involved a 7-point scale ranging from extremely likely (1) to extremely unlikely (7).

Motivation to comply. Motivation to comply was evaluated by the one-item measure: "Generally speaking, I want to do what most of my neighbours think I should do." Potential responses ranged from extremely likely (1) to extremely unlikely (7) on a 7-point scale.

Attitude toward neighbouring. This variable was assessed by the question: "Overall, how do you feel about associating with John (Jane) as a neighbour?" Response alternatives involved a 7-point scale ranging from extremely favourable (1) to extremely unfavourable (7).

Subjective norm. Subjective norms were measured by the one-item measure: "Most people who are important to me would think that I should associate with John (Jane) as a neighbour." Available responses involved a 7-point scale ranging from extremely favourable (1) to extremely unfavourable (7).

Behavioural intentions regarding neighbouring. A 12-item measure was developed to assess this variable. Items in the measure involved neighbouring activities reflecting an exchange of emotional, instrumental, or informational support in line with the definition of neighbouring proposed by Unger and Wandersman (1985). Measures of neighbouring behaviour used in previous studies (Ahlbrandt, 1984; Hunter, 1975; Riger & Lavrakas, 1981; Unger & Wandersman, 1982) were consulted in identifying activities. In the measure, respondents were asked to predict their likelihood of engaging in specific types of neighbouring activity with the person described in the vignette: "I would invite John into my home for coffee, a drink, or other similar

kind of socializing." Possible responses for each item ranged from very likely (1) to very unlikely (5) on a 5-point scale. Cumulative scores for the total scale ranged from 12 to 60. Cronbach's alpha for the measure was .92.

Past Neighbouring Behaviour. A 12-item measure that asked respondents how often they engaged in different kinds of activities with their current neighbours was developed to operationalize this variable . Items making up the measure involved the same neighbouring activities as those contained in the neighbouring intentions measure. In the measure, respondents were asked how often they had performed specific neighbouring behaviours (e.g., give a ride to a neighbour). Response alternatives involved a five-point scale for each item that included frequently (1), fairly often (2), occasionally (3), rarely (4), and never (5). Cumulative score on the measure ranged from 12 to 60. Cronbach's alpha for this measure was .92.

RESULTS

Table 1 presents the means and standard deviations on all the variables. A full path analysis was conducted to test the model presented in Figure 1. This involved a series of multiple regressions that tested all the possible paths in the model. Past neighbouring behaviour served as a control variable and was entered first in all the regressions that were performed. Research has shown past behaviour to be predictive of both behavioural intentions and future behaviour (Bentler & Speckart, 1981; Fredericks & Dossett, 1983). The neighbour characteristics of place of residence, level of disability, and sex of neighbour were dummy coded for entry as predictors in the regressions (i.e., community mental health facility = 0, normal residence = 1; mild disability = 0, severe disability = 1; male = 0, female = 1).

Results of the path analysis are presented in Figure 2. Only those paths and corresponding standardized beta weights that were significant at the .05 level or better are reported. In undertaking the path analysis, separate regressions were conducted regressing each

of the different types of beliefs onto neighbour characteristics. Next, separate regressions were performed regressing each of attitude toward neighbouring and subjective norm toward neighbouring onto beliefs and neighbour characteristics. Finally, neighbouring intentions were regressed onto all the variables preceding it in the model. All the regressions were significant at less than the .001 level.

Determinants of positive beliefs. Both place of residence and level of disability showed significant effects on positive beliefs about neighbouring. As predicted, community residents expressed less positive beliefs about neighbouring with individuals located in community mental health facilities than those in normal residences. As well, community residents reported more positive beliefs about neighbouring with mildly disabled individuals than with severely disabled individuals. Level of disability ($\beta = .22$, $p < .001$) appeared as a stronger determinant of positive beliefs than place of residence ($\beta = -.12$, $p < .05$). In total, after controlling for past neighbouring behaviour, neighbour characteristics accounted for 13% of the variance in positive beliefs about neighbouring, F (4, 330) = 12.79, $p < .001$.

Determinants of negative beliefs. The only neighbour characteristic having a significant effect on negative beliefs about neighbouring was level of disability ($\beta = -.28$, $p < .001$). As hypothesized, community residents reported more negative beliefs about neighbouring with individuals showing severe disability than those exhibiting mild disability. Overall, after controlling for past neighbouring behaviour, neighbour characteristics explained 10% of the variance in negative beliefs about neighbouring, F (4, 330) = 9.43, $p < .001$.

Determinants of normative beliefs. Similarly, level of disability was the sole neighbour characteristic to have a significant effect on normative beliefs ($\beta = .13$, $p < .05$). As predicted, community residents held stronger normative beliefs about neighbouring with

individuals showing mild disability than with those having severe disability. After controlling for past neighbouring behaviour, neighbour characteristics predicted 9% of the variance in normative beliefs about neighbouring, F (4, 330) = 7.64, $p < .001$.

Determinants of attitude toward neighbouring. In line with the theorized model, positive beliefs and negative beliefs about neighbouring were significant predictors of attitude toward neighbouring (ß = .39 and - .30, respectively; both $ps < .001$). More positive beliefs and less negative beliefs about neighbouring were related to a more favourable attitude toward neighbouring. In addition, normative beliefs about neighbouring was a significant determinant of attitude toward neighbouring (ß = .16, $p < .001$) . Stronger normative beliefs were associated with a more favourable attitude toward neighbouring. Based on the size of beta weights, it can be seen that positive and negative beliefs about neighbouring are stronger determinants of attitude toward neighbouring than normative beliefs about neighbouring. Overall, the regression of neighbour characteristics and beliefs on to attitude toward neighbouring after controlling for past neighbouring behaviour accounted for 43% of the variance, $F(7, 327) = 35.31$, $p < .001$.

Determinants of subjective norm. As predicted from the model, normative beliefs about neighbouring were determinants of subjective norm about neighbouring (ß = .37, $p < .001$). Stronger normative beliefs were related to a stronger subjective norm. Other significant predictors of subjective norm about neighbouring included place of residence of neighbours (ß = .14, $p < .01$), positive beliefs about neighbouring (ß = .34, $p < .001$) and negative beliefs about neighbouring (ß = - .13, $p < .01$). Neighbours living in community mental health facilities, more positive beliefs and less negative beliefs were associated with a stronger subjective norm. Subsequent to the entry of past neighbouring behaviour in the regression, neighbour characteristics and beliefs explained 42% of the variance in subjective norm, $F(7, 327) = 33.85$, $p < .001$.

Determinants of neighbouring intentions. As hypothesized, attitude toward neighbouring and subjective norm about neighbouring were significant predictors of neighbouring intentions. A more favourable attitude toward neighbouring and a greater subjective norm about neighbouring was related to stronger neighbouring intentions. Attitude toward neighbouring ($\beta = .32$, $p = .001$) was a stronger determinant of neighbouring intentions than subjective norm ($\beta = .11$, $p = .05$). Other variables in the model having significant paths to neighbouring intentions were positive beliefs about neighbouring ($\beta = .19$, $p < .001$), negative beliefs about neighbouring ($\beta = -.14$, $p < .001$), and sex of neighbour ($\beta = -.08$, $p < .05$). More positive beliefs and less negative beliefs were associated with stronger neighbouring intentions. Community residents expressed stronger neighbouring intentions toward female neighbours than male neighbours. In total, after controlling for past neighbouring behaviour, variables in the model accounted for 55% of the variance in neighbouring intentions, $F(9, 325) = 44.01$, $p < .001$.

DISCUSSION

Overall, results support the proposed model of determinants of neighbouring intentions toward mentally disabled individuals for a sample of community residents. Of neighbour characteristics, level of disability predominates in determining community residents' neighbourly interaction with mentally disabled individuals. Living in a community mental health facility serves as a barrier to mentally disabled individuals achieving full acceptance as a neighbour. Findings confirm all predicted relationships in the mediating part of the model leading to the formation of neighbouring intentions. Beliefs about neighbouring and attitude toward neighbouring emerged as more important determinants in the model than normative beliefs about neighbouring and subjective norm about neighbouring.

Level of disability is the only neighbour characteristic having the predicted effect on all the beliefs in the model. Respondents report more positive beliefs, less negative beliefs, and stronger

normative beliefs about neighbouring with mildly disabled neighbours than with severely disabled neighbours. The predominance of level of disability over other neighbour characteristics in the model is consistent with previous research finding behavioural presentation to be more salient than "mental illness" labels in determining the public's social acceptance of others (e.g., Farina, Murray, & Groh, 1978; Kirk, 1974; Link & Cullen, 1983). In the present study, level of disability was manipulated by altering the behavioural presentation of neighbours. Locating neighbours in a community mental health residence can be expected to identify them with a "mentally ill" label.

Based on these findings, it seems important that rehabilitation efforts of community mental health programs focus heavily on social skills training in order for the mentally disabled individuals to experience acceptance from community residents. It appears that effective interventions in this area would assuage community residents' fears that contact with mentally disabled individuals will prove costly, help mentally disabled individuals to be perceived as potentially valuable neighbours capable of exchanging support, and promote social norms in neighbourhoods that encourage social contact with mentally disabled individuals living there. A recent meta-analysis (Benton and Schroeder, 1990) on the effectiveness of social skills training has shown it to significantly improve the social behaviours and community tenure of individuals with long-term psychiatric disorders. Unfortunately, residential programs for mentally disabled individuals have tended to be institutional in nature providing limited rehabilitation and socialization opportunities external to the residence (Mowbray, Greenfield, & Freddolino, 1992).

Place of residence did have effect on positive beliefs about neighbouring with community residents expressing less positive beliefs about neighbouring with neighbours living in community mental health facilities than with those living in normal residences. In

particular, tenants in facilities are viewed as being unable to provide the support benefits that other neighbours can. This finding suggests that living in community mental health facilities serves a "labelling" function that influences social acceptance by community residents. This labelling expressed through positive beliefs may not lead to outright rejection of tenants in facilities but rather contribute to a more benign indifference that would restrict the opportunities for tenants to assume a normal neighbour role. Research has shown that psychiatric patients living in the community tend to have non-reciprocal arrangements in their social support networks with them receiving more support than they are providing (Parks & Pilisuk, 1984). In the present study, community residents' beliefs about the support potential available from tenants suggest some explanation to these latter research finding. Individuals labelled by virtue of their living in an identifiable mental health facility are not viewed as having the support resources that community residents would seek when in need. Ultimately, according to the model tested in the study, these beliefs will lead to reduced neighbouring by community residents with tenants in community mental health facilities.

The impact of place of residence on positive beliefs about neighbouring provides support to those advocating that formal residential programs for mentally disabled individuals be replaced by a supported housing approach involving independent living in regular housing situations with necessary supports (Carling, 1990; Ridgway & Zipple, 1990). Proponents of the supported housing approach argue that placing individuals in designated community residential facilities lead to stigmatization and isolation from the rest of the community (Ridgway & Zipple, 1990). In contrast, supported independent living is purported to enable individuals to more easily take on normal social roles that facilitate community integration. Findings in our study suggest that mentally disabled individuals living in a normal residence are more likely to be accorded a

neighbourly response from community residents that is similar to that given to other neighbours.

Positive and negative beliefs about neighbouring with mentally disabled individuals are strong predictors of behavioural intentions regarding neighbouring in the model, both directly and indirectly through attitude toward neighbouring and subjective norm about neighbouring. The emergence of positive beliefs about neighbouring as the strongest determinant among the beliefs of neighbouring intentions either indirectly or directly is an important finding. Previous research has focused exclusively on negative beliefs about mentally disabled persons to explain public behaviour toward them (Rabkin, 1972, 1980).

It appears that public education messages should be extended beyond simply countering negative stereotypes of mentally disabled individuals to include their ability to assume normal roles in the community such as neighbour. Public education initiatives addressing these beliefs should be undertaken in conjunction with rehabilitation of tenants in residential programs which focus on helping them develop skills to become active and supportive neighbours. In order for public education messages to be effective at changing beliefs about the consequences of neighbouring, they need to be corroborated by evidence of tenants being effective neighbours.

Findings in the study also indicate that traditional negative public beliefs about having social contact with mentally disabled individuals (i.e., dangerousness, unpredictability, and loss of reputation in the neighbourhood) act as serious impediments to the integration of these individuals in residential neighbourhoods. Public education initiatives aimed at countering these stereotypical negative beliefs continue to be required. At a local level, operators of community mental health residences need to be aware of the saliency of these beliefs in public consciousness and address them in dealing with neighbourhood organizations and individual neighbours.

Normative beliefs of community residents related to perceived

expectations of neighbours regarding neighbouring with mentally disabled individuals have an effect on neighbouring intentions indirectly through attitude and subjective norm about neighbouring. This is expected given that strong social norms exist in neighbourhoods around social contact between neighbours (Unger & Wandersman, 1985). Interestingly, our results suggest that normative beliefs play a mediating role on neighbouring intentions for level of disability but not for place of residence. In addition, place of residence is related to subjective norm (i.e., expectations of important others) such that community residents express a stronger subjective norm about neighbouring with tenants of community mental health facilities than with individuals in normal residences.

An interpretation of these results is that the highly publicized opposition to locating community mental health facilities in many neighbourhoods over the past 20 years has not translated into prevailing social norms in neighbourhoods of rejecting tenants in these facilities. In fact, the opposite may well be true with community residents perceiving their significant others to have stronger expectations that they neighbour with tenants in community mental health facilities than with regular neighbours.

The latter interpretation must be tempered by the findings in our study indicating that attitude toward neighbouring play a much larger role in determining neighbouring intentions than normative beliefs and subjective norm about neighbouring. In other words, an individual's personal beliefs and attitudes toward having social contact with a mentally disabled neighbour play a more significant role than the expectations of others regarding this issue in determining one's intentions. This is consistent with the majority of previous studies using the theory of reasoned action as the contribution of personal attitudes is generally greater than that of norms (Ajzen, 1988).

In testing the theory of reasoned action, the present study stops at behavioural intentions because of logistical barriers to actually measuring behaviour. It remains unknown if expressed behavioural

intentions will serve as an accurate predictor of behaviour for community residents if and when they are faced with having mentally disabled individuals as neighbours. There is substantial empirical evidence of a strong predictive relationship between intentions and behaviour in a wide variety of contexts including those involving socially sensitive behaviours (Sheppard et al., 1988). Based on this accumulated evidence some studies like our own have substituted intention for behaviour as the criterion variable (e.g., Dear & Taylor, 1982; Tefft et al., 1988).

This study provides an introduction to an important issue that has received limited attention in the research literature. In summary, the model tested proves to be quite useful in identifying factors that facilitate neighbourly contact with mentally disabled individuals from the perspective of community residents. Given the potential contribution that neighbours can make towards helping mentally disabled individuals achieve community integration, further investigation of this issue is warranted. In particular, the present findings need to be supplemented by research focusing on neighbouring from the perspective of mentally disabled individuals and examining factors which contribute to their social interaction with community residents. Neighbouring is a reciprocal activity and developing models of neighbouring from the standpoint of both community residents and mentally disabled individuals is necessary to gain a complete understanding of it.

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Appendix

Sample Vignettes Used in the Study

Regular Residence / Mild Disability / Male

John B. is a 40 year old, white man living in a home which is located on your block and looks like any other home. John works during the day and spends most evenings in the neighbourhood. He tends to dress and look like other people in the neighbourhood. He seems at times uncomfortable and awkward in social situations, but he generally makes an effort to talk and spend time with other people. If you met him on the street he would not seem different than other people.

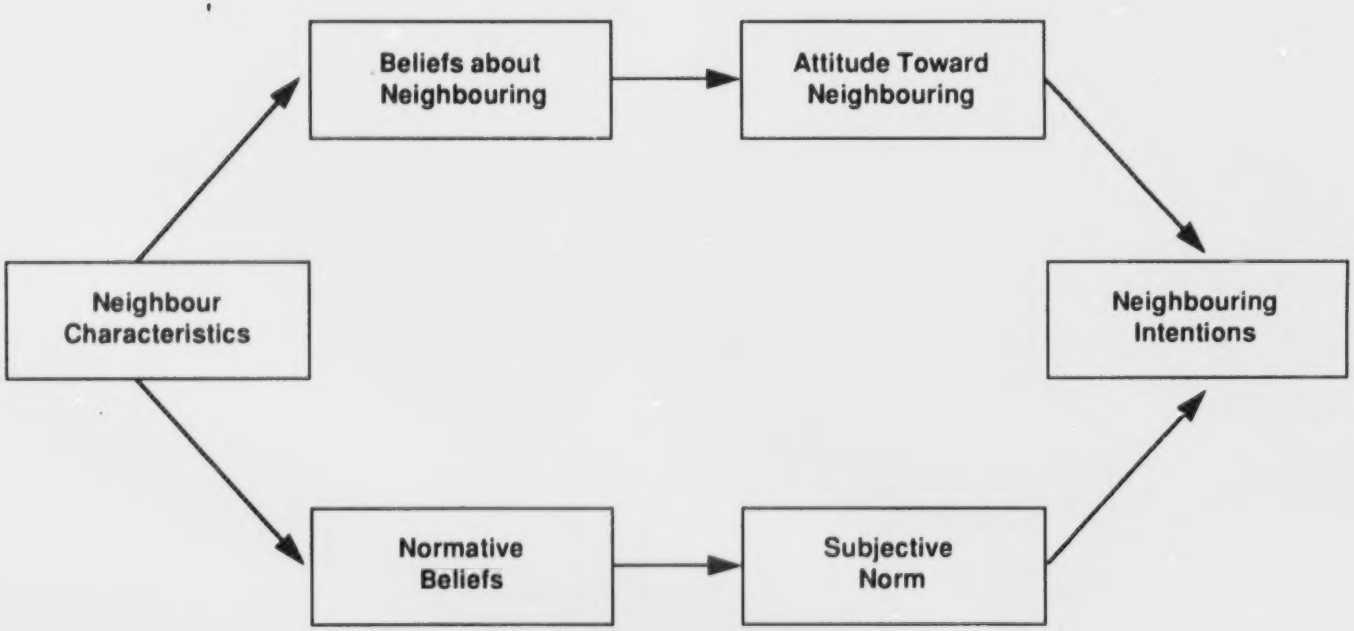
Community Mental Health Residence / Severe Disability / Female

Jane B. is a 40 year old, white woman living in a special residence for those who are being placed into the community following psychiatric treatment in a mental hospital. This residence is located on your block and looks like any other home. Jane is not working and spends most of her time in the neighbourhood. She tends to dress in a sloppy manner and her grooming is generally poor. She seems very quiet and doesn't talk much to anyone. She acts like she is afraid of people. If you met her on the street she would seem different than other people.

Table 1

Mean and Standard Deviations of Variables

Variable	n	M	SD
Positive beliefs	342	12.14	3.45
Negative beliefs	342	14.92	3.28
Normative beliefs	339	16.79	10.41
Attitude toward neighbouring	340	3.11	1.21
Subjective norm	341	3.66	1.54
Neighbouring intentions	343	29.60	9.10
Past neighbouring behaviour	345	41.01	9.64



Fiqure 1. Theoretical model for the study derived from the theory of reasoned action (Ajzen & Fishbein, 1980).

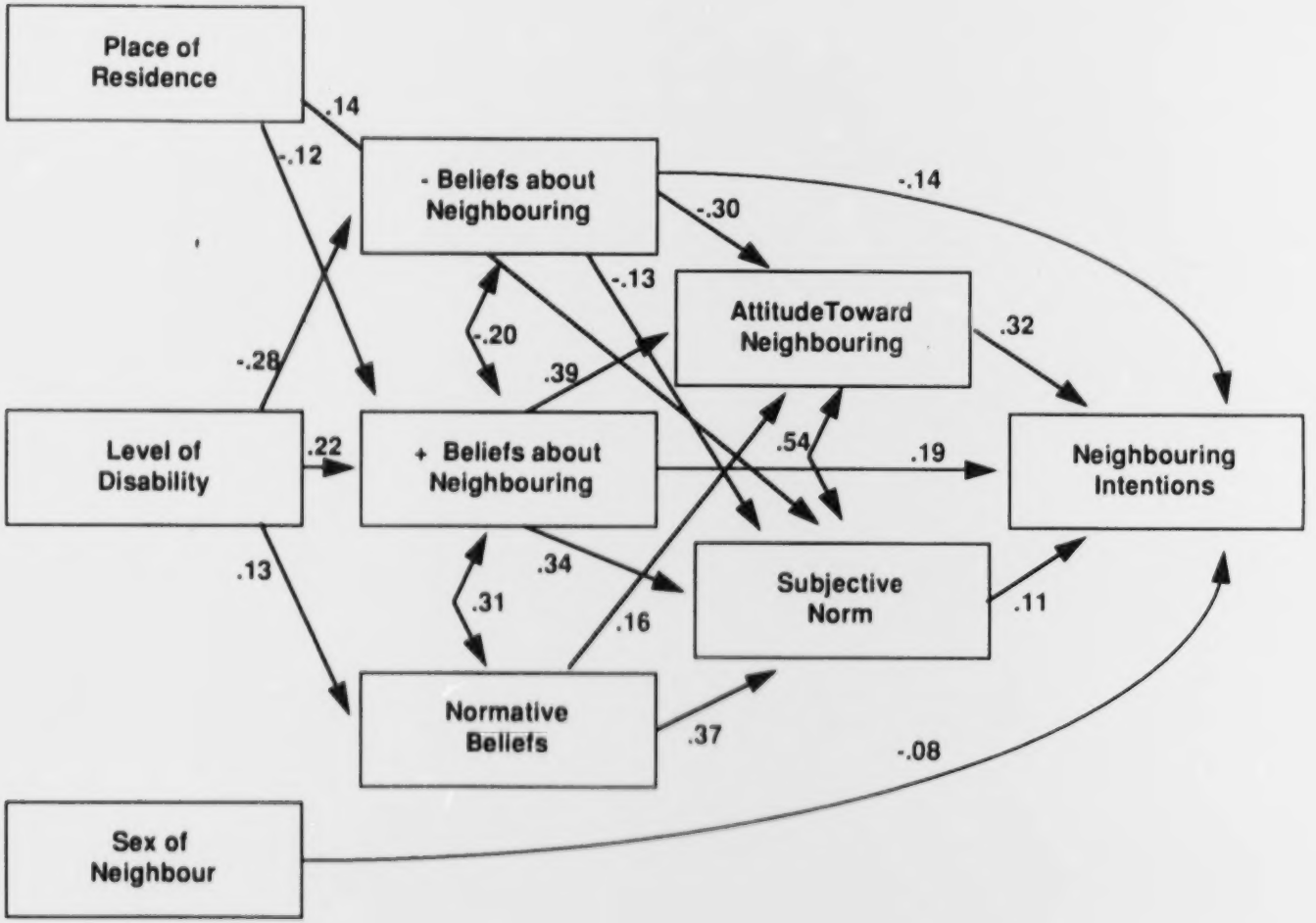


Figure 2. Path diagram of the determinants of neighbouring intentions of community residents toward mentally disabled individuals controlling for past neighbouring behaviour. Only paths and corresponding beta weights that are significant beyond the .05 level are presented.